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ABSTRACT

Practical reasons to consider standards for gerontology are presented in this perspective on developing gerontological curriculum. The creation of a statewide task force in Virginia to provide guidelines for the organization and evaluation of gerontology programs in higher education is described. Assumptions which underscored task force activities are explained: the need for development of general guidelines for program planning and review; the importance of balance between academic and applied perspectives in gerontology; the commitment to multidisciplinary representation on the task force; balance between skills and knowledge in defining necessary prerequisites for adequate career preparation; and the need for the task force outcome report to be applicable to the broadest context of users. The formation of the 22-member task force is described and the division of the task force into subcommittees representing the areas of health, mental health, community services and social sciences, and administration and planning is discussed. The activities of the task force are outlined in six steps: brainstorming knowledge and skills in gerontology, developing content objectives, formulating job classifications from job titles, tailoring objectives to job classifications, synthesizing information, and identifying key administrative and organizational issues. A brief summary of each step is included. Potential uses of the task force report are suggested for faculty, inservice educators, and students. (NRB)

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DEVELOPING GERONTOLOGICAL CURRICULUM AND COMPETENCIES: A STATEWIDE PERSPECTIVE

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DEVELOPING GERONTOLOGICAL CURRICULUM AND COMPETENCIES: A STATEWIDE PERSPECTIVE

Introduction

The development of gerontology programs in higher education can best be characterized in one word: diversity. From the administrative placement of programs, the comparison of the major vs. minor vs. certificate, the offering of courses, to the background and training of faculty, there are as many variants on the structure of gerontology programs as there are approaches to the field of "gerontology". Such variation may be an inevitable part of the emergence of any body of knowledge into a discipline and, as such, may be a healthy phenomenon. However, diversity also contributes to confusion in trying to promote gerontology as a discipline or in defining one's self to the outside world (e.g., Am I a gerontologist or a psychologist with a specialization in aging?) This is particularly true for students who are entering the labor force only to find a lack of understanding or acceptance of the "gerontologist" out in the real world.

The formation of academic standards has been proposed as one way to increase the credibility of gerontology as both a discipline and a legitimate specialization in the work force. Academic standards have also been proposed in order to formalize the discipline of gerontology within higher education. Many gerontology programs which were initiated with the help of federal dollars are now fighting for university support for continued existence. Promoting academic standards which define gerontology as a separate discipline may contribute to their survival. Thus, there are a number of practical reasons to consider standards for gerontology.

Background to the Task Force

In Virginia, gerontology programs began to develop as separate organizational units in the early 1970's (Arling, 1977). No statewide policy or programatic model guided this process in the early stages. The State Council for Higher Education in Virginia (SCHEV), which has responsibility for reviewing and approving new degree programs, requested the Virginia Center on Aging and the Virginia Office on Aging's assistance in evaluating proposals for new gerontology programs in 1979. Based upon this request and subsequent discussion, an agreement was reached to carry out a three-part, statewide effort to address issues related to gerontology education in Virginia. The Virginia Center on Aging agreed to serve as leader in convening a statewide Task Force to provide guidelines for the organization and evaluation of gerontology programs in higher education (Arling and Romaniuk, 1980). The Virginia Office on Aging (now the Virginia Department for the Aging--VDA) lead a statewide effort to assess the gerontological education and training backgrounds of the current aging workforce (Lathrop, 1980) and SCHEV agreed to conduct a descriptive survey of current gerontology programs in Virginia's colleges and universities (Lancaster, & Garland, 1980). For the purposes of this session, only the outcomes of the statewide Task Force will be reported.

Assumptions of the Task Force

The statewide Task Force was convened in December, 1979 to identify key issues in developing gerontology programs in institutions of higher education. In this context, the term gerontology "program" was used as a general designation for organizational units through which gerontology education was structured. This allowed for the inclusion of a number of arrangements, including a separate department, division, coordinating body, interdepartmental committee, or other organizational structure. Also, at a minimum, a

gerontology program was defined to include a set of courses that are coordinated and sequential and have explicit educational or career preparation goals, student enrollment procedures, and a faculty who relate formally to the program.

In addition, several assumptions underscored the activities of the Task Force: 1) the Task Force focussed on the development of general guidelines for program planning and review. It was neither feasible nor desirable to arrive at specific standards for gerontology education. Insitutions of higher education would have resisted the imposition of standards even if the Task Force could have reached a consensus of the subject; 2) The composition and activities of the Task Force stressed the importance of a balance between the academic and applied perspectives in gerontology. Equal numbers of academics and practitioners were invited to serve on the Task Force. Practitioners were heavily represented to ensure that the curriculum recommendations would have relevance to the job responsibilities of graduates; 3) There was a strong commitment to multi-disciplinary representation on the Task Force, thereby recognizing the multi-disciplinary nature of the field. 4) Attempts were made to strike a balance between skills and knowledge in defining the necessary prerequisites for adequate careeer preparation; 5) The outcome (report) of the Task Force was to be structured so that it would be applicable to the broadest context of users. That is, it was hoped that the report would be useful not only to SCHEV, but also to the VDA, individual colleges and universities, and other interested persons (students, agency inservice trainers, etc.) who might seek to evaluate or develop programs, courses or workshops in gerontology.

Overview of Task Force Activities and Outcomes

Based upon these general assumptions, the Task Force of 22 individuals was selected. Representatives of higher education came from a wide range of disciplines including psychology, sociology, nursing, medicine, social work, adult education, and gerontology. Individuals representing the practitioner sector came from mental health, health, aging and social services.

The Task Force was divided into subcommittees representing four broad categories: health, mental health, community services and social sciences, and administration and planning. Individuals were assigned to those subcommittees which corresponded to their academic or professional expertise. Each subcommittee was responsible for the development of educational content objectives for their field and identifying appropriate objectives for specific job classifications. The activities of the Task Force encompassed six steps: brainstorming knowledge and skills in gerontology, developing content objectives, formulating job classifications from job titles, tailoring objectives to job classifications, synthesizing information, and identifying key administrative and organizational issues. (See Figure 1). A brief summary of each activity follows.

STEP 1: Brainstorming Knowledge and Skills. The subcommittees began with a "brainstorm" session for knowledge and skills necessary for performance in the general areas of employment. For example, the mental health subcommittee suggested 30 words or phrases which related to knowledge or skills in mental health services for the aging. These were in a form such as "diagnosis,""consultation for nursing homes," "peer counseling," or"organic brain syndrome."

STEP 2: Developing Content Objectives. After a list of ideas was assembled, each subcommittee was asked to combine, elaborate and structure the words and phrases into content objectives which included both knowledge and skill components. The identification

of both knowledge and skills was required to underscore the importance of tying basic knowledge to its application in the "real world." A total of 43 content objectives were developed including 10 objectives for administration and planning, 14 for community services and social sciences, 11 for health and 8 for mental health (Table 1). An example of one objective is contained in Table 2 from the community services and social sciences subcommittee.

STEP 3: Formulating Job Classifications from Job Titles. In order to link these general education objectives to specific jobs, the Task Force reviewed job titles in aging and formulated more general job classifications based upon commonalities in job functions. A list of job titles was provided by various state agencies which maintained active lists of job titles and their corresponding job descriptions. Job titles from agencies outside the state classification system were obtained from a survey of the aging workforce conducted by the Virginia Office on Aging. For example, the mental health subcommittee developed a job classification of "mental health worker" which would include such job titles as case manager, outreach worker, after care worker, day treatment worker, mental health worker, mental health worker, and a diversity of possible academic backgrounds such as B.A. or B.S. in Psychology or a B.S.W. This was considered to be feasible since the job functions (i.e., knowledge and skills) needed to assume the responsibility of a mental health worker at this level could be obtained from a variety of academic departments/programs. In this example, the mental health worker's job role would involve functional assessment, helping with physical, social, emotional and economic daily living skills, and assisting with group and individual therapies and after-care coordination.

STEP 4: Tailoring Objectives to Job Classifications. After identifying a comprehensive set of job classifications for each general field, the subcommittee identified the specific educational objectives appropriate for each job classification. That is, they identified objectives which seemed to best represent the specialized knowledge and skills necessary for the job classification. All 43 objectives were evaluated with respect to each job classification. Furthermore, the issue of level of mastery or understanding of educational material was addressed. If the designated knowledge and skills were considered to be an integral part of the daily job responsibilities of the job classification, then

an in-depth level of understanding of the material was recommended. On the other hand, if the knowledge and skills were not essential for the performance of daily job responsibilities, but could enhance overall job effectiveness, then only familiarity with the educational material was recommended.

STEP 5: Synthesis: The final subcommittee task involved a review and synthesis of its recommendations. For each job classification, job titles, job functions, and suggested level of academic preparation (A.A.S. to Ph.D.) were ascertained. An example of one job classification with all other information in the community services area is contained in Table 3. A total of 25 job classifications were developed from the four subcommittees.

STEP 6: Identifying Key Administrative and Organizational Issues. Finally, the Task Force discussed key issues in developing different types of educational programs and degrees in gerontology. Two assumptions guided this discussion: 1) the gerontology degree (major) is one of a number of viable options for meeting the objectives, and 2) institutions of higher education need flexibility in their choice of curricula to meet the objectives. Therefore, the Task Force decided to raise and identify the key issues without drawing specific conclusions about approaches to program design, such as a major versus minor in gerontology, or a multidisciplinary department versus a single department with specialization in gerontology. In addition, the Task Force attempted to identify questions which an institution must address in proposing a particular type of degree program and administrative structure. It was hoped that a general review of these issues would provide flexibility and be beneficial to both the institution and to the State Council of Higher Education who must review potential degree programs in gerontology.

Discussion

The Statewide Task Force on Gerontology in Higher Education in Virginia was formed because of a need to outline and evaluate the potential organization and content of gerontology curricula in higher education. The Task Force chose an approach which focussed, not on course requirements or specific numbers of credits, but rather, on the development of generic knowledge and

skills to be applied across a number of disciplines. In addition, administrative and organizational issues important to career preparation were reviewed. This was in lieu of specific recommendations regarding major vs. minor, or separate department vs. specializations within departments. Given the developmental qualities of the field at that time, the report's recommendations seemed to be at an appropriate level.

The report was released at the very time that higher education in Virginia began experiencing the fiscal crisis of the 1980's. New programs in gerontology and other fields had been adversely affected by the shortage of funds. Institutions were reluctant to propose new courses, add faculty, or mount organizational efforts to promote gerontology. Had there been major growth in the area, the Task Force report very well might have evolved into a formal set of criteria for planning and evaluation for public institutions in the state. Similarly, human service agencies have been in a no-growth situation during this period of time. Administrators and policy makers have had little opportunity to refine position descriptions and job requirements because they have had to deal with the more pressing issues of a delining base of funds. In essence, the Task Force report has not had a particularly good climate for policy or programmatic impact.

Despite these difficulties, the Task Force report has been used in an advisory capacity by SCHEV to review the handful of new gerontology program requests that have been submitted by public institutions. Most colleges and universities in the state have opted for less formalized approaches to gerontology education. Many of the participants on the Task force used this experience and the findings from the report to institute new courses and better coordinate their curricula. The report has also been used by faculty at other institutions that were not represented on the Task Force. None of

the public agencies or private organizations represented on the Task Force have instituted major changes in their employment or management policies as a result of the report. However, several of the practitioners on the Task Force used the report to re-define specific positions in their agencies. They aslo gained a better understanding of the curriculum development process and the perspective of educators in the field.

In summary, the Task Force report is unique in bringing together the academic and applied perspectives, and recommending generic content across a number of disciplines. The evaluation of these content areas by job classifications contributes to its potential use in a number of settings. First, for academic administrators, the report can be used to provide general information on important issues and content areas to be considered in program development and evaluation. Faculty can use the report to develop a broader understanding of content areas in aging and to evaluate and coordinate course content more effectively among other faculty. For inservice educators, the report should provide assistance in helping to identify areas of training focus for current employees. It might also be used to help establish or refine job descriptions, or evaluate the degree of preparation of new employees. Finally, the report might be of interest to students seeking careers in aging by helping to identify the types of jobs which individuals in aging are assuming, through descriptions of job titles and job functions. In addition, the report might help students identify potential areas of expertise (both knowledge and skill-based) which employers might be seeking in applicants with specialization in aging.

Although the Task Force report has much potential, further research is still needed to evaluate its validity and generalizability . For example, to what extent are current gerontology programs actually teaching the areas

outlined by the content objectives? To what extent do current service providers have these knowledge and skills? Is the concept of a job classification valid? If standards were to be developed from the Task Force report, could the "generic" nature of the requirements be maintained? These are just a few of the questions for future direction which follow logically from the report. It is hoped that the development of content objectives and job classifications from the Task Force report will help contribute to the national perspective on what defines "gerontology education."

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FIGURE 1

OVERVIEW OF TASK FORCE ACTIVITIES

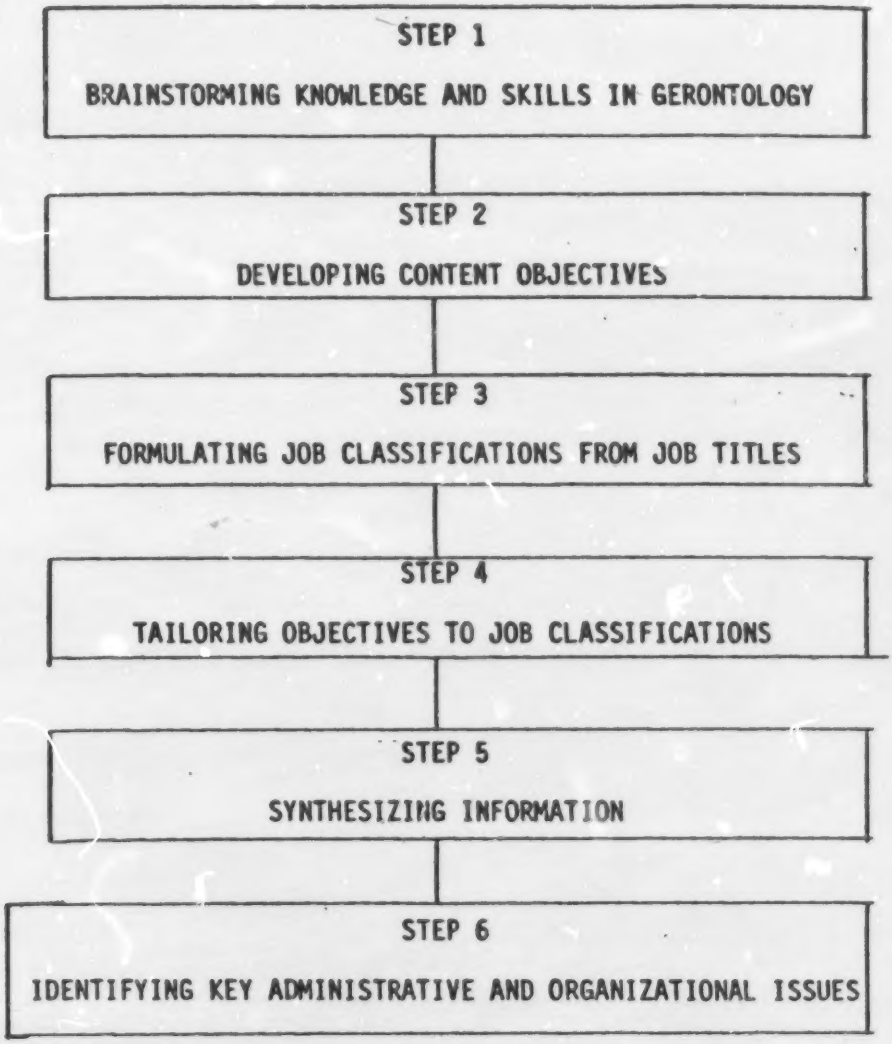

Table 1

Summary of Objectives

Administration and Planning		Community Services and Social Sciences		Health		Mental Health	
AP1	Fiscal Knowledge and Skills	CSSS1	Social Perspectives on Aging	H1	Biological Processes of Aging	MH1	Psychological Developments in Later Life
AP2	Educational Program Planning for the Elderly	CSSS2	Interpersonal Skills in Group Situations	H2	Epidemiology of Aging	MH2	Psychological Impact of Later Life Events
AP3	Laws and Regulations Governing Aging Services	CSSS3	Interpersonal Skills with Individuals	H3	Chronic Disease in the Elderly	MH3	Diagnosis of Mental Disorders
AP4	Long Term and Short Term Organizational Planning	CSSS4	Procedures for Case Assessment and Management	H4	Acute Disease in the Elderly	MH4	Treatment of Mental Disorders
AP5	Grantsmanship	CSSS5	Outreach	H5	Treatment and Management of Acute and Chronic Disease	MH5	Preventive Mental Health Care
AP6	Middle Management and Supervisor Relations	CSSS6	Utilization of Informal Support Systems	H6	Health Rehabilitation for the Elderly	MH6	Community Mental Health Services
AP7	Personnel and Supervisory Management	CSSS7	Economic Programs for the Elderly	H7	Preventive Health Care	MH7	Consultation and Education in Mental Health
AP8	Interorganizational and Intraorganizational Management	CSSS8	Political Processes and the Elderly	H8	Nutrition	MH8	Program and Client Evaluation Methodologies
AP9	Interpersonal Skills and Communication	CSSS9	Adjustment to Major Later Life Events	H9	Health Services		
AP10	Organizational Evaluation and Research	CSSS10	Demographics of Aging	H10	Long Term Care		
		CSSS11	Recreation and Leisure Activities	H11	Dental Health		
		CSSS12	Housing and Lifestyles of the Elderly				
		CSSS13	Legal Procedures and Assistance				
		CSSS14	Transportation for the Elderly				

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TABLE 2

EXAMPLE OF CONTENT OBJECTIVES

CSSS1: Social Perspectives on Aging

Knowledge: The individual should know the basic social processes of aging and social characteristics in old age, such as general theories of aging; cultural, ethnic and age cohort differences; changes in social roles; family and friendship patterns; the position of older people in the community and in relation to political, social, and economic institutions; and ageism or social inequality within and between age groups.

Skills: The individual should be able to:

1) review the general theories of social aging such as role theory and disengagement.

2) compare and contrast ethnic and racial groups and age cohorts in the older population according to social and economic status, cultural life-styles, power, family patterns, and other sociological variables,

3) describe the various roles and patterns of interaction of older people in the primary group relationships, e.g., with family members and friends,

4) outline the various community and social environments in which older people live and determine the environmental factors that either enhance or impede adjustment to old age, and

5) describe the common prejudices toward aging and old age and explain how these attitudes relate to structured inequality in economic, political and social resources.

TABLE 3
EXAMPLE OF JOB CLASSIFICATION

Classification: Community Servies Specialist/B.A.,B.S.

Job Titles in the classification may include: rehabilitation counselor, area agency on aging coordinator, case manager, case management specialist, field case worker (welfare), social worker trainee, and hospital discharge planner.

Job Functions performed in this classification may include: assessment, evaluation, counseling, planning intervention stategies, information and referral, linking individuals with community support services, and working with the families of elderly clients.

Content Objectives appropriate for jobs and functions performed in this classification include:

In Depth		Familiar	
CSSS1	Social Perspectives on Aging	CSSS8	Political Processes and the Elderly
CSSS3	Interpersonal Skills in Group Situations	CSSS10	Demographics of Aging
CSSS4	Procedures for Case Assessment and Management	CSSS11	Recreation and Leisure Activities
CSSS5	Outreach	CSSS13	Legal Procedures and Assistance
CSSS6	Utilization of Informal Support Systems	AP3	Laws and Regulations Aging Services
CSSS7	Economic Programs for the Elderly	H1	Biological Processes of Aging
CSSS9	Adjustment to Major Later Life Events	H3	Chronic Disease in the Elderly
CSSS12	Housing and Lifestyles of the Elderly	H7	Preventive Health Care
CSSS14	Transportation for the Elderly	MH1	Psychological Developments Life
MH1	Psychological Developments in Later Life	MH2	Psychological Impact Life Events
MH2	Psychological Impact of Later Life Events		
MH3	Diagnosis of Mental Disorders		
MH5	Preventive Mental Health Care		
MH6	Community Mental Health Services		
H9	Health Services		
H10	Long Term Care		